



Liability Proposal Form Renewable Energy Industry

Underwritten by QBE Insurance (Europe) Limited





Liability Proposal Form for the Renewable Energy Industry

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PLEASE COMPLETE AND RETURN TO:

Sutton Specialist Risks Ltd, Bull Wharf, Redcliff Street Bristol BS1 6QR
 Tel: 0117 930 0100 Email: info@ssr.co.uk Website: www.ssr.co.uk

DISCLOSURE:

In completing this Proposal Form it is very important that you disclose fully and accurately all material facts, as failure to do so may result in this insurance being declared void.

Material facts are those which may effect an Insurer's assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this proposal form

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL AND WHERE APPLICABLE TICK THE APPROPRIATE BOX

A YOUR DETAILS

1. Main Company name (note you must provide all trading names to be insured) **ERN Number**

Subsidiary company names **ERN Number**

2. Address:

Postcode (Must be provided)

3. Telephone: **4. Email:**

5. Website: **6. Date company established:**

7. If trading for less than 12 months, please provide full details of the relevant experience of the directors/ principals, including the names of the previous companies worked for:

8. Tick any trade association or regulatory body you are a member of:

MCS (Microgeneration Certification Scheme)	<input type="checkbox"/>	UK Rainwater Harvesting Association	<input type="checkbox"/>
REA (Renewable Energy Association)	<input type="checkbox"/>	Renewable UK	<input type="checkbox"/>
NICEIC	<input type="checkbox"/>	ECA	<input type="checkbox"/>
UK Rainwater Harvesting Association	<input type="checkbox"/>	Micropower Council	<input type="checkbox"/>
Scottish Renewables	<input type="checkbox"/>	Hydropower Association	<input type="checkbox"/>
UK Hydrogen Fuel Cells Association	<input type="checkbox"/>		

Other (please confirm)



B YOUR BUSINESS

9 Business Description (give the fullest possible description of all activities undertaken):

(Note: cover will only apply to the business defined above)

C YOUR BUSINESS PLANS

10 Please provide approximate split in estimated wagheroll and turnover for each business activity:

Type of Work	Directors, principals & partners wages (£)		Own employees and labour only sub contractors wages (£)		Bona Fide Sub Contractors payments (£)	Turnover (£)
	Above 10m	Below 10m	Above 10m	Below 10m		
Clerical or managerial (non manual)						
Solar Photovoltaic (PV) Solar Thermal Ground Source/Air Source Heat Pumps & Underfloor heating (domestic) Wind Energy/Turbines Home Insulation						
Ground Source/Air Source Heat Pumps & Underfloor heating (all other than domestic) Biomass						
Micro - Hydro						
Micro CHP Rainwater Harvesting						



11 Non-renewable ancillary activities

Type of Work	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)	Turnover (£)
1			
2			
3			
4			

12. Estimated total Turnover for the next 12 months

£

13. Total number of employees

D YOUR INSURANCE REQUIREMENTS

14. Public Liability/Products Liability incorporating:

Standard cover includes:

- Failure to perform (inefficacy)
- Failure to Supply to the grid (£25,000 limit)
- Defective workmanship
- Customer goods removed for repair
- Pure financial loss (£500,000 limit)

Limit of Indemnity (tick required option) £1m £2m £5m £

15. Is Employer's Liability cover required?

Yes No

16. Optional Extensions:

Standard limits

Damage to "that part" worked on	PL limit	<input type="checkbox"/>	<input type="checkbox"/>
PL Loss of metered water	£5,000	<input type="checkbox"/>	<input type="checkbox"/>
PL Trace and access cover	£100,000	<input type="checkbox"/>	<input type="checkbox"/>
Heat away cover	PL Limit	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity Bonding	£100,000	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Gas	£10,000	<input type="checkbox"/>	<input type="checkbox"/>
North America Extension	PL Limit	<input type="checkbox"/>	<input type="checkbox"/>

Higher limits available on request

17. Professional Indemnity

A free limit of £100,000 is automatically included subject to eligibility, is this sufficient to meet your requirements? (If no, please note a separate proposal form will also need completing)

Yes No

18. Directors and Officers Liability

A free limit of £100,000 is automatically included subject to eligibility, is this sufficient to meet your requirements? (If no, please note a separate proposal form will also need completing)



E GENERAL QUESTIONS

19. Do you undertake any slings/cradles/abseiling/rope access work above 16m Yes No
20. Do you undertake work (or supply goods) involving the use of heat away from your own premises? Yes No

If YES to heat work, please confirm the following:

a) please give full details including the percentage of your turnover and wages for this work:

b) Is the heat work specifically in relation to certain activities, if so which:

21. Do you undertake work at a depth exceeding two metres? Yes No

If yes then please give full details including the percentage of your turnover and wages for this work:

22. Do you undertake work (or supply goods) on-board ships, offshore, airside, at chemical or petrochemical works, nuclear installations, bulk oil or gas storage facilities (other than retail shops or offices), or on or alongside railway tracks being designated "green or red zone" work as defined by the office of Rail Regulation? Yes No

If yes then please provide full details of this work including where the work is & the turnover & wages relating to it:



F YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

Yes No

23. **Have you or any director or partner ever had any claim made against you in the last 5 years, (whether insured or not) in respect of the insurances for which you are now proposing?**

If YES, please provide the following details, including the present position on any claims outstanding against you:

Years	Brief details & type of claim	Amount paid (£)	Amount outstanding (£)

24. **Are you aware of any incidents which have given or may give rise to a claim for financial loss?**
25. **Has any insurer ever declined to insure you, cancelled or refused to renew your insurance?**

If you have answered YES to either of these questions, please provide full details below:

26. **Have you or any director or partner ever:**

- a) been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- b) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- c) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If you have answered YES to any of these questions, please provide full details below:



G CURRENT INSURANCES

27. Name of Last/Present Insurer: (must be provided)

28. Policy Number(s) (must be provided)

29. Expiry Date of current Policy

30. Expiring Premium £

IMPORTANT

IT IS UNDERSTOOD AND AGREED THAT WE MAY HOLD DOCUMENTS RELATING TO THIS INSURANCE AND ANY CLAIMS UNDER IT IN ELECTRONIC FORM AND MAY DESTROY THE ORIGINALS. AN ELECTRONIC COPY OF ANY SUCH DOCUMENT WILL BE ADMISSIBLE IN EVIDENCE TO THE SAME EXTENT AS, AND CARRY THE SAME WEIGHT AS, THE ORIGINAL.

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

ANTI-FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

Name in capitals:

Signed:

Date:

Position:

THIS PROPOSAL MUST BE SIGNED BY AN AUTHORISED REPRESENTATIVE OF THE COMPANY SUCH AS PARTNER, DIRECTOR OR COMPANY SECRETARY.

FOR OFFICE USE ONLY

Checked By:

Date:



H DECLARATION

PROFESSIONAL INDEMNITY

INSURED NAME

The authorised representative of the firm or company stated above declares that:

1. AFTER ENQUIRY there have been no known or reported losses or circumstances which could give rise to a claim.

And

2. The percentage of Turnover relating to pure design, advice, surveying, training and consultation carried out for a fee does not exceed 10%.

Signed:

Dated:

Position within company:

NB SIGNATORY IS REQUIRED TO BE A DIRECTOR OF THE COMPANY



I DECLARATION

DIRECTORS' & OFFICERS LIABILITY INSURANCE

INSURED NAME

The authorised representative of the firm or company stated above declares that:

1. The firm or company is not a sole trader, partnership or listed on a stock exchange
2. The last consolidated annual accounts had a positive net worth (total assets exceed total liabilities)
3. The firm or company is able to pay its debts as they fall due
4. The firm or company have been trading for not less than 24 months
5. The last audited accounts have an unqualified audit opinion (it applicable)
6. There are no circumstances that might reasonably be expected to give rise to any claim against any of the Directors or Officers of the firm or company
7. There have been no claims against any of the Directors (including past Directors) or Officers of the firm or company or any of its subsidiaries in the last 5 years
8. A full enquiry of all Directors and Officers of the Company and its subsidiaries has been undertaken prior to affirming that the above statements are correct.
9. There are no other facts that may influence the insurers decision to accept this risk or the terms upon which the risk is accepted.
10. No other Directors and Officers insurance is in force covering the same risk or any part of the risk.

DECLARATION

As an authorised representative of the firm or company applying for insurance I understand that:

- A. This declaration is made on behalf of the firm or company named above and is deemed to include all their subsidiary companies; and
- B. by accepting the Insurance I am on behalf of all Directors, and the firm or company, that the above statements are true
- C. I am authorised to affirm this statement of fact on behalf of all Directors and Officers of the firm or company and its subsidiaries.

Signed:

Dated:

Position within company:

NB SIGNATORY IS REQUIRED TO BE A DIRECTOR OF THE COMPANY



August 2016



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